DOCUMENT RESUME

ED 080 369 SE 016 634

TITLE	Situation Report--Argentina, Colombia, Cyprus, Kuwait, Lebanon, Libyan Arab Republic, Oman, Syrian Arab Republic, and Uruguay.
INSTITUTION	International Planned Parenthood Federation, London (England).
PUB DATE	Aug 73
NOTE	42p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Contraception; Demography; *Family Planning; *Foreign Countries; *Population Trends; Programs; Resource Materials; Social Welfare; *Statistical Data

ABSTRACT

Data relating to pupulation and family planning in nine foreign countries are presented in these situation reports. Countries included are Argentina, Colombia, Cyprus, Kuwait, Lebanon, Libyan Arab Republic, Oman, Syrian Arab Republic, and Uruguay. Information is provided under two topics, general background and family planning situation, where appropriate and if it is available. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, training opportunities for individuals, families, and medical personnel, research and evaluations. Bibliographic sources are given. (BL)

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Situation Report

Distribution

ARGENTINA — Country

AUGUST 1973 — Date

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 — 01-839-2911/6

ED 080369

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			2,776,656 sq.kms.[1.]
Total Population	17,119,000[1.]	20,005,691[1.]	25,000,000 (1972)[2.]
Population Growth Rate		1.7%	1.5% (1970)
Birth Rate	24.9(1952)[1.]	22.5[1.]	23 per 1,000 (1970)
Death Rate	8.6(1952)[1.]	8.2[1.]	9 per 1,000 (1970)
Infant Mortality Rate	64.9(1952)[1.]	60.8[1.]	58 per 1,000 (1970)
Women in Fertile Age Group (15-49 yrs)			6,035,000 (1970)[3.]
Population Under 15		31%	29% (1970)
Urban Population		73.6%[3.]	80.4% (1970)[4.]
GNP Per Capita			US$1,160 (1970)[5.]
GNP Per Capita Growth Rate			2.5% (1960-70)[5.]
Population Per Doctor		670(1962)	630 (1967)
Population Per Hospital Bed		170(1962)	160 (1964)

Note: Unless otherwise stated, the source for this table is Datos Básicos de Población en América Latina, 1970; Departamento de Asuntos Sociales, Secretaría General de la OEA, Washington, D.C.

1. United Nations Demographic Yearbook 1971.
2. World Population Data Sheet, Population Reference Bureau, Inc. 1972.
3. Estimate from basic data of CELADE: Boletin Demografico, Year 2, No.4 Santiago de Chile, July 1969.
4. United Nations Monthly Bulletin of Statistics, November 1971.
5. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1971.

* This report is not an official publication but has been prepared for informational and consultative purposes.

FILMED FROM BEST AVAILABLE COPY

SE 016 634

GENERAL BACKGROUND

Argentina has what is probably the lowest birth rate in Latin America and a slow population growth rate. At the present rate the population will double within 47 years. Population density is nine persons per square kilometre and distribution is very uneven. The majority of the population live in the Federal Capital of Buenos Aires and in the Litoral provinces: in 1970, 11.7 million persons were living in the city and province of Buenos Aires alone. The most urbanized of the countries of Latin America, Argentina also has the lowest dependency ratio and a low percentage of populationunder 15 years of age.

General health standards are high and are based on the good level of nutrition: in 1966 the average daily per capita consumption of calories was 2,920. The exceptions are the far north and north-west of the country, and parts of Patagonia in the south. In these areas general mortality, infant mortality, and the birth rate are considerably higher than the average. Their lack of facilities and of employment opportunities has stimulated migration to the cities, in particular to Buenos Aires. It is estimated that at least half a million people live in the shanty towns of the Federal capital and that 90% of their inhabitants are from the north-west.

Although Argentina has many of the indices of developed country, the long economic crisis and general stagnation of the last two decades have caused much political and social unrest. With the return of Perón the Argentines seem to be ready for great if as yet unspecified changes in their social and economic lives. Impatience is also fuelled by the spectacle of an overdeveloped metropolis containing a third of the population facing quite undeveloped, backward outlying provinces.

Ethnic

Mainly white, with small mixed and Amerindian groups, especially in the north-west. A very large number of European immigrants came to Argentina, in particular at the beginning of this century, above all from Italy and Spain.

Language

Spanish.

Religion

Over 90% of the population are Roman Catholic. There are small Protestant and Jewish minorities.

Economy

The economy is traditionally and primarily based on agriculture and agricultural products, chiefly wheat, maize, oats, linseed, livestock, wool, and wine. Argentina is one of the world's leading exporters of wheat and beef. There is an extensive meat-processing and animal by-products industry and there has been rapid growth in the plastics, textile, steel, engineering, and chemical industries. Argentina is virtually self-sufficient in consumer goods and in many categories of machinery. Minerals are being explored and developed, in particular aluminium and copper, and large hydro-electric power projects are being carried out.

Since the mid-fifties, however, Argentina has faced increasingly severe economic difficulties. Inflation has accelerated enormously as has the foreign debt. Repayment of interest alone has put great strain on Argentina's economy. The incapacity of 18 years of military rule to cope with this situation has paved the way for the return of Juan Perón, who is pledged to increase and diversify the sources of foreign investment, at present North American-dominated. Some

form of corporate State with a managed economy is likely to emerge.

Communications/Education

Argentina has an extensive rail and road network centres on Buenos Aires. Internal air transport is well-developed. Improvement works are being carried out on the Parana river to develop it as a major waterway.

Newspaper coverage of the country is good. There are ten Buenos Aires, and 26 provincial daily newspapers as well as a large number of other journals and papers. Of the 90 radio stations 37 are government owned, and there are six million radio sets (1970). There are 29 commercial television stations and three million television sets (1970).

Education is free from primary to university level and is compulsory between the ages of six and 14 years. The illiteracy level is one of the lowest in Latin America, with 9% of the population over 15 years of age illiterate in 1960. The figure reflects the generally adequate provision af educational services with the exception of the remoter rural areas.

Medical/Social Welfare

Argentina has a large private medical sector, mainly concentrated in Buenos Aires and the large towns and cities, and a correspondingly small and undercapitalized public health service. The public services are the responsibility of the Secretary for Public Health and include pre-natal and child health centres. There are good training facilities for medical personnel including nine medical faculties and 75 nurses' schools.

Social welfare benefits are provided to wage earners by trade unions and employers' associations, financed by employees' and employers' contributions. In 1967 all welfare services were coordinated under the National Council of Social Welfare and a new Pensions Law was introduced. Employment legislation covers working hours, holidays, payment of wages, overtime, bonuses, accident compensation, dismissal and death indemnities.

FAMILY PLANNING SITUATION

The Government sponsors a pro-natalist policy. However, the low birth rate can be explained by the high incidence of abortion and by the availability of contraceptive advice from the private medical sector. A private family planning association, supported by the IPPF, also provides family planning services.

Attitudes

The Government took a strong stand against family planning and birth control in 1968, when the President attacked the World Bank's head, Mr. Robert McNamara, for his suggestion that Bank aid might be tied to a nation's efforts to control its population.

The Government supported the attitude of the Catholic hierachy which asserted obedience to the Pope's ruling on artificial birth control. The President himself spoke out in favour of the Papal Encyclical in his speech at the opening of a PAHO Conference in Buenos Aires in October 1968. This attitude was reinforced by a law introducing a new wages policy which increased subsidies and school allowances for each child.

However, there has been a recent growth of interest among health officials within the Secretariat of Public Health in family planning as a necessary part of general health programmes for mothers and children. In 1971, the Federal Government set up a new agency for Child and Family Welfare.

There seemed to be a more favourable official attitude by the end of 1971. The private association achieved the official recognition by seven provincial governments of family planning programmes operating within their jurisdictions. At the Federal level a specially formed committee approved new norms for medical care in the gynaecological field at the request of the Secretariat of Public Health, and this document has been submitted to the Ministry of Social Welfare with the recommendation that it be distributed to all doctors and hospitals in the country. One section of the document, on fertility regulation, states that part of the doctor's work is to give advice on contraceptives.

Although the last 18 months have brought much turmoil and uncertainty to Argentina, there seems no reason to believe that Peron will have anything other than a favourable attitude to family planning, and presumably towards the AAPF.

Legislation

Publicity for birth control is illegal and there are restrictions on the import, manufacture and distribution of contraceptives. However, the oral pill can be bought over the counter. In 1971 the private association approached the Secretariat of Public Health to petition that the distribution of hormonal contraceptive products without a doctor's prescription be made the subject of an investigation with a view to its regulation.

Abortion: Law No. 17567 (6.12.67). Abortion carried out by a qualified physician with the woman's consent is not illegal if:

(i) It is performed in order to eliminate serious danger to the mother's life and health, there being no other way of eliminating this danger.

(ii) The pregnancy is the result of rape in respect of which criminal proceedings have been initiated.

Despite the law illegal abortions are common and a prosecution is rarely made. There are research studies into the incidence of illegal abortion, for example, Research on Illegal Abortion and Family Planning at the City Sexology Centre, Rawson Hospital, Buenos Aires. This study was carried out by Dr. Nydia Gómez Ferrarotti and Dra. Carmen García Varela. The results showed that amongst 532 married women, 32.6% of pregnancies ended in abortion. Of these abortions, 77.5% were said to be illegal. A smaller survey among 98 unmarried women showed that 34.6% of all pregnancies ended in abortion; of these abortions, 72.4% were said to be illegal.

A recent estimate of the rate of illegal abortion in urban areas says that there is at least one abortion for each live birth.

FAMILY PLANNING ASSOCIATION

History

The recognition of the need in Argentina for family planning services grew among members of the medical profession as they became increasingly aware of the high incidence of abortion, the need to detect cancer, and to ensure the family's physical and mental health.

Family planning services and sex education were pioneered at the Hospital Rawson in Buenos Aires, by Dr. Nydia Gómez Ferrarotti, in 1962. In November 1965 the 'Federación Argentina de Centros de Planificación Familiar' was organized in Buenos Aires under Dr. Eliseo Rosenvasser, and it coordinated the emerging family planning activities in hospitals in Buenos Aires. Family planning projects were also initiated independently in Tucumán by Dr. Jacob Schujman and in Mar del Plata by Dr. Isaac Spindler, both in 1965. In 1966

representatives from different provinces attended the First National Family Planning Meeting at the University of Cordoba; the meeting set up the Asociacion Argentina de Proteccion Familiar. (Family Protection Association of Argentina), to coordinate and develop the family planning movement on a national scale. In 1969, the Association became a member of the IPPF.

Address

Asociacion Argentina de Protección Familiar,
Maipu 471, 13o Piso,
Buenos Aires,
ARGENTINA.

Personnel

President: Dr. Julio Gosende
Executive Director: Lic. Deolinda González Prandi.
Directors of Departments:

Medical - Dr. Juan T.Hannouche.
Evaluation - Lic.Raúl Castro Olivera.
Information and Education - Sr. Jorge Eliades Pailles.

The Association has an Executive Committee in which the Litoral, Cuyo, Central, Northern and Southern Areas are represented, and a legal and technical committee.

Services

The Family Protection Centres affiliated to the Association offer fertility, infertility, and cancer detection services, ante-natal care and gynaecological attention. There were 15 centres at the end of 1967 and 24 by the end of 1969. In 1972 the AAPF had 58 clinics. These served 22,901 new acceptors in 1972, of which about 60% used orals and 33% IUD's. The number of acceptors had increased over 100% since 1970. There were 5481 patients treated for infertility in 1972, and 16542 Pap tests were taken.

Most clinics are in the Southern Area, which includes the city and province of Buenos Aires. All clinics serve urban areas except certain of the North West project clinics. The great majority of clinics are located in Government premises. Most centres receive financial assistance from AAPF.

The North-West Project

In 1971 the AAPF began negotiations with several State Governments in the North-West of the country, where the high birth and infant mortality rate as well as the greater poverty make family planning a pressing necessity. (For example, in Salta province, the birth rate was 35 and the infant mortality rate 95 in 1966). The seven provinces concerned are: San Luis, La Rioja, San Juan, Salta, Jujuy, Catamarca, and Santiago del Estero. The project was for 3 years from 1972 and its object was to stimulate and promote the incorporation of family planning into the Government maternal and child health programmes.

The Association is to assist the State Governments in the opening of clinics (three in the main hospitals of each province), the training of personnel, and the organization of an I and E campaign directed towards the whole population. Of the 21 projected clinics, 9 are now operating. About 3000 new acceptors were served in 1972.

This project is a most significant one for Argentina as it represents the first large-scale co-operation between the FPA and Government, and it introduces family planning to the poorest rural areas of the country.

In 1971 the Medical Department began a study on the clinical evaluation of IUD's.

Information and Education

The Assocation's Deaprtment of Education has three major areas of activity, education, institutional publicity, and information and the press.

In the sphere of education, the Department has designed and produced a wide range of basic motivational and information material for children, young people and adults. This includes slide and wall-chart sets, leaflets, manuals and posters. By the end of 1972, the Department had produced three films, one on the FPA, another on sex education, and the third on contraceptive methods. As well as distributing locally produced material the Department also loans out films and slide sets from a collection of imported materials.

Within the field of institutional publicity, the Department seeks to promote knowledge of the Association, its aims, and activities. Information is exchanged with other institutions at home and abroad, coordination is maintained with Government departments, hospitals, and other health institutions, and a Newsletter is issued four times a year. Over 100,000 printed items were distributed in 1972.

In the third field of activity, the Department seeks to gain press coverage of the Association and its work. In 1972, 131 articles and other items appeared in the Press.

At the level of the Centres, talks, meetings and film and slide shows ate held for acceptors. A programme of seminars, meetings, adn conferences for professional workers is also organized. In 1972, the programme included 10 workshops and seminars, 77 educational talks attended by 4759 persons, and numerous discussions with audio-visual aids. 22,050 persons attended the latter courses. There were also 236 showings of 7 films, all made by the AAPF, attended by 8925 persons. Several radio and TV programmes were broadcast.

The AAPF film "Estás Creciendo" ("You are Growing Up") won a prize in the short educational film section of the XV New York International Film and TV Festival, in November 1972.

Sex Education

The programme in the Family Protection Centres includes talks on sex education. The Education Department has prepared sets of slides, charts and leaflets on sex education for adolescents. (The Neuquen provincial government concluded an agreement with the FPA on sex education in schools).

Training

The AAPF holds regular training courses for its own personnel and those from other institutions. In 1972, 15 courses were held, from 3 days to 2 weeks in length. All told 256 persons attended these course, including 69 doctors and substantial numbers of social workers, obstetricians, psychologists, teachers and other professionals.

Research

In 1971 the Association published a Report of a study of IUDs and the functioning of the Family Protection Centres, and collected and analysed demographic data.

To stimulate research work, the Association offers an annual prize to the two best pieces of scientific work produced in the Centres recognized by the Association.

Resource Development

The Argentine Association received incorporated status in 1971 which allow it tax exemption. A resource development campaign is to be initiated in 1973/74, but the political situation and inflationary economic climate makes the task difficult.

Foreign Assistance

Although IPPF provides most assistance to the AAPF, smaller amounts have been given by the Pathfinder Fund, Population Council, Ford Foundation, PAHO, HEW and UNFPA.

Other Organizations

Consejo Argentino de Estudios sobre la Reproducción: C.A.D.E.R. (Argentine Council for Reproduction Studies).

C.A.D.E.R. is an active organization in the field of human reproduction studies at university level, and its activities include the holding of courses and the promotion of investigation.

Address: Consejo Argentino de Estudios sobre la Reproducción,
Obligado 2490,
Buenos Aires,
Argentina.

Personnel:

President:	Dr. Francisco Uranga Imaz
Secretary:	Dr. Roberto Nicholson

Other Sources

- Fourth Report on the World Health Situation, 1965-1968. Official Records of the WHO, No. 193, WHO June 1971.

- Abortion Laws. A Survey of Current World Legislation. WHO, Geneva, 1971.
- The Europa Year Book. 1971. A World Survey. Vol.II.

Situation Report

Distribution *

Country COLOMBIA

Date AUGUST, 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,138,914 sq.kms.
Total Population	11,548,172[1.] (1951 census)	17,484,508[1.] (1964 census)	22,900,000 (1972)[2.]
Population Growth Rate		2.2% (1958-61)[1.]	3.4% (1970)[3.]
Birth Rate	36.9 (1950-54)[1.]	41-44 (1960-65)[1.]	45 per 1,000 (1970)[3.]
Death Rate	15-17 (1950-54)[1.]	13.0[1.]	11 per 1,000 (1970)[3.]
Infant Mortality Rate	113.3 (1950-54)[1.]	99.8[1.]	76 per 1,000 (1970)[1.]
Women in Fertile Age Group (15-49 yrs)			4,916,000 (1970)[2.]
Population Under 15			47% (1970)[2.]
Urban Population		47.8%[4.]	59.6% (1970)[5.]
GNP Per Capita			US$340 (1970)[6.]
GNP Per Capita Growth Rate			1.7% (1960-70)[6.]
Population Per Doctor			2,220 (1967)[7.]
Population Per Hospital Bed			420 (1967)[7.]

1. United Nations Demographic Yearbook
2. World Population Data Sheet, Population Reference Bureau, Inc., 1972.
3. Datos Básicos de Población en América Latina 1970: Department of Social Affairs of the OAS.
4. Boletín Demográfico, CELADE. Santiago de Chile.
5. United Nations Monthly Bulletin of Statistics, November 1971.
6. World Bank Atlas, 1972, IBRD.
7. United Nations Statistical Yearbook.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Colombia has one of the highest population growth rates in Latin America. At the present rate of 3.4% per annum the population will double itself in 21 years. It is likely that the vital registration system is inadequate, in particular as at least 40% of all births do not take place in hospital and as a result of poor communications.

In recent years, the economy has been growing quite rapidly, generally around 6% p.a., and 7.1% in 1972. However, as the Foreign Minister, Sr. Alfonso Lopez Michelsen states, only about 5% of the population actually benefits from this new prosperity. According to the National Statistical Office, 40% of the employed population earn less than $21 per month, and 90% earn less than $85. Severe inflation is a further burden. Unemployment is a particularly widespread problem. The International Labour Organization - ILO - estimates that five million Colombians are unemployed at the present time and that if current trends continue, there will probably be four million people, or one third of the economically active population, unemployed by 1985. Official figures show that unemployment is currently running at 16% in Bogota, and these figures do not show the considerable degree of underemployment that exists.

The rural-urban drift over the past few decades has compounded the many social problems which the country faces. There has been considerable migration to the cities stimulated by the failure of the rural economy to provide employment for the growing rural population. For example, the population ofthe capital city, Bogota, has grown from just over one million in 1960 to about 2½ million in 1973. Major cities are at present growing at a rate of 7% p.a., while over half of Bogota's population lives in shanty-towns.

The land reform has failed to make a significant impact on Colombia's agrarian problems, with only 50,000 families benefitting in the first 8 years of the programme out of rural population of 9 million. Guerrilla activity continues in the conntryside, some of it linked to peasant dissatisfaction with the land reform.

Ethnic

More than 50% of the population are of mixed Spanish and Indian descent, 20% are of European origin, 14% mulatto, 4% black, and there are very small groups of Indians or of mixed Indian and black descent.

Language

Spanish.

Religion

The majority of the population are Roman Catholic: Roman Catholicism is the state religion.

Economy

Colombia is dependent on the production of coffee and is one of the world's largest producers. It accounts for over 70% of total exports. At least half the labour force are employed in agriculture, the chief products being, besides coffee, sugar, rice, and cotton, all of which are exported.

Although the foreign debt is large, loan servicing amounts only to a modest 13% of earnings.

Increasingly successful efforts are being made to diversify the economy. A major livestock development programme is under way with the assistance of an IBRD loan. Integration projects are being developed with other countries of the Andean Group and there is a limited amount of industrial growth together with the promotion of minor, non-agricultural exports. Mineral resources being exploited include emeralds, gold and oil.

Communications/Education

The chief form of internal communications is the road system which is currently being expanded and which includes approximately 30,000 miles of surfaced roads. There are internal and international air services.

In 1972 there were 36 daily newspapers and 16 other newspapers and journals. There are 286 private and government radio stations: (225 in 1966), and over 6 million radio sets. There are 3 government or publicly controlled television channels and approximately a million television sets.

Education is free and compulsory between the ages of 7 and 14 years. However, provision of facilities and staff is inadequate and few children continue beyodd the elementary level; in 1966 there were 2.4 million elementary pupils and only 320,287 pupils in general secondary schools. There are 16 private and 19 public universities.

Medical/Social Welfare

Public health services are directed by the Ministry of Public Health, and includeprenatal and child health centres. Services are not able to meet the population's needs, especially among the poorer sectors and isolated rural communities. Private sector medicine is available for the middle and upper classes.

The Colombian Institute of Social Security (ICSS) organizes social security benefits and services.

FAMILY PLANNING SITUATION

Family planning services are provided by a private family planning association in both private and public health premises, by health centres of the Ministry of Public Health, and by the post-partum programme of the Colombian Associationof of Medical Schools (ASCOFAME). The latter also carries out evaluation work. There are some other private efforts in the field of family planning, in particular from religious and philanthropic institutions.

Attitudes

The government has for several years recognized the importance of family planning services as a public health measure. In December 1967 the President of Colombia was one of the first heads of state to sign the United Nations Declaration on Population, on Human Rights Day.

In 1970 the government established a National Population Council by decree to make recommendations on a national population policy. Despite this move, there is still opposition to family planning from some sectors, in particular among Catholic and conservative circles. The opening of a vasectomy clinic by the private family planning association in Bogota in 1970 was the occasion forextensive criticism of the association, both within the country andin other countries of Latin America. Since then, opposition to vasectomy appears to have subsided.

Legislation

Under the Code of Medical Ethics, of 1954, physicians are prohibited from prescribing or committing any act, whatever the purpose, which is likely directly or deliberately to destroy human life, such as abortion, euthanasia, or contraception. In 1966 there were 24 hospitalizations for abortion per 100 live births.

Family Planning Association

History

The Asociacion Pro-Bienestar de la Familia Colombiana - PROFAMILIA - (the Family Welfare Association of Colombia) was established in 1965 as a private effort to provide alternatives to the rhythm method as an effective method of family planning. In 1966 it opened a pilot clinic in Bogota which offered contraceptive, cancer detection, and infertility services. The high demand for services led to the Association's rapid growth and clinical and educational programmes were extended in Bogota and to other towns and cities. In 1968 PROFAMILIA became a member of the IPPF.

Address

Asociación Pro-Bienestar de la Familia Colombiana,
PROFAMILIA,
Calle 34, No. 14-52,
Bogota, D.E.,
Colombia.
Telephone: 32 5100

Telegrams: PROFAMILIA, BOGOTA.

Personnel

President: Dr Fernando Tamayo
Executive Director: Dr Gonzalo Echeverry
National Education Director: Dr Laureano Marin Ardila.

Services

The services of PROFAMILIA have grown rapidly since 1965. Its clinics offer contraceptive and infertility advice and services, gynaecological care, and cancer detection services. There were 42 in 29 cities by mid-1973.

As well as running private FP clinics Profamilia also provides services in some public and ICSS hospitals, maternal and child health centres, and general health centres. In 1972 the 42 clinics served 71,473 acceptors, bringing to 273,000 the cumulative total of acceptors since 1965. 132,258 Pap tests were taken. The number of acceptors increased by 22% over 1971. The non-clinical distribution of condoms is being carried out as part of Profamilia's medical/clinical work and places condoms on the market t about one-sixth the retail price. About 2/3rds of 1972 acceptors used IUD's, the remainder mostly orals.

In 1970, PROFAMILIA set up a vasectomy clinic in Bogota. Candidates must be at least 35 years of age with a minimum number of three children of different sexes. 92 operations were performed in 1970, and 910 in 1973.

PROFAMILIA takes part in joint service programmes, with the ICSS and the Refugio de las Colinas Foundation, Bogota. An agreement was signed with the ICSS in 1969 under which PROFAMILIA was to run family planning services for ICSS patients. The programme was initiated in the ICSS hospital, San Pedro Claver, in Bogota in 1969 and in the Rafael Urife clinic in Cali in 1970. The two hospitals served 9260 new acceptors in 1972, and the total since beginning operations is 34,971. A second joint project, with the Medical and Nursing Faculties of the National University, is the Refugio de las Colinas Centre in Bogota, founded in 1969. It provides nutrition courses, a day-care nursery, a paediatrics progeamme and family planning services and education to the families of the shanty town in which it is situated.

The Rural Programme that Profamilia operates in conjunction with the National Federation of Coffee-Growers left the experimental stage in 1972, and was extended to 4 "Departments": Risaralda, Caldas, Quindio, and Valle. This project attempts to use existing rural extension structures, to reach the peasant where he lives and works, to distribute non-clinical contraceptives and to use where possible rural volunteers.

The cancer detection service provided by PROFAMILIA has grown rapidly. To meet the demand the cytology service has been decentralized and two regional laboratories have been set up to share the work with the central laboratory in Bogota.

Education/information

The Department of Information and Education of PROFAMILIA runs an intensive clinic programmes of talks, lectures, and film shows to motivate new acceptors and to follow up women who are already within the programme. In 1972, 208,000 persons attended over 15,000 talks in the PROFAMILIA clinics. 6116 films were shown in clinics to 164,000 persons.

In the field, 3890 lectures were attended by 111,500 persons. Mobile instructors gave 3003 lectures to 142,690 persons. A total of 2548 film showings were held.

Many more volunteers have been recruited by Profamilia in recent years, there being 263 women volunteers and 207 rural volunteers in 1972.

70 articles on Profamilia's activities appeared in the Press in 1972, and Profamilia distributed more than 570,000 leaflets, pamphlets, charts, slides and similar material in that year.

Extensive use has been made of radio advertising in the last four years. Profamilia uses 53 of the 282 radio stations in Colombia to broadcast 30 second "spots". These stations are located in 28 cities. The campaign lasts normally for 7½ months, at over 17,000 spots monthly. Total spots for 1972: 151,412, somewhat down on 1971. The audience was estimated at 15,000,000.

Profamilia consider radio the best medium for reaching working class and campesino listeners, as almost e-very home has a radio and the medium avoids the literacy problem.

A two-week International Training Course was held in 1972, with 25 doctors attending. Two international courses for nurses and social workers were held, with a total of 33 participants.

Internally, there were 398 short courses attended by 19,969 persons, including social workers, students, rural promoters, trade unionists, paramedical personnel and others.

Resource Development

A committee of 9 volunteers was formed in 1972 for the purpose of fund-raising. The target for 1972 was $200,000 and in fact $224,000 was raised. The 1973 target is $400,000. The 1972 effort far exceeded that of any other FPA in the region.

Financial Assistance

Apart from IPPF, Profamilia received assistance in 1972 from the Pathfinder Fund, Population Council, Ford Foundation, Oxfam, and George Washington University. CIDA assisted a Serena clinic in Cali.

Other Institutions

Government

Following the election of a new government in 1970, the formation of a National Population Council was decreed, with representatives from five Ministries, from the National Department of Planning, the National Statistics Department, the Episcopacy of the Catholic Church, the Colombian Association of Medical Schools, and the demographic institutes. The Council is to review all relevant information on population matters, to promote studies or analyses as appropriate, and to advise the Government in the formation of a national population policy. The Council's recommendation was sent

to Congress with the President's approval. In November 1970, the executive branch of the Government, by Executive Act, accepted a new National Plan for Social and Economic Development that includes a section on population policy.

Family planning services are now provided in about 400 health centres of the Ministry of Public Health. According to an estimate by PROFAMILIA, this programme served about 50,000 acceptors in 1970.

Asociacion Colombiana de Facultades de Medicina-ASCOFAME: The Colombian Association of Medical Schools.

In 1964 ASCOFAME set up its Population Studies Division. to formulate and coordinate studies and programmes on population and family planning. It carries out family planning training for health personnel, in cooperation with PROFAMILIA. In early 1973 the Population Studies Division was dissolved.

ASCOFAME cooperates with the government. The Ministry of Public Health is one of its sponsors, along with the Ministry of Education, the Military Hospital, the National Institute of Nutrition, and the Universities.

ASCOFAME also carries out research and evaluation activities in family planning and related fields.

Address:

Asociación Colombiana Facultades de Medicina,
División de Estudios de Poblacion,
Calle 45A, No. 9-77, 7o Piso,
Bogotá, D.E., Colombia.

Personnel: Chief of the- Population Division:
Dr Guillermo Lopez-Escobar.

Federación Panamericana de Asociaciones de Facultades de Medicina: Pan-american Federation of Associations of Medical Schools.

The aims of the Federation's former Population Division, now called the Programmes in Teaching of Demography and Teaching of Population, include the establishment and/or improvement of the teaching of demography and of comprehensive maternal and child health care in affiliated medical schools, and also to stimulate research projects in population dynamics, reproductive biology, and family planning, in their relation to health, within affiliates.

At the present time 89 of the 170 medical schools in Latin America teach demography and the principle has been accepted by e representatives of all the schools. The Federation offers financial and technical assistance to those schools wishing to revise their curricula, and runs a comprehensive programme of training and information seminars and workshops, attitude surveys in the medical schools, the preparation of manuals and the development of curricula. It also runs a documentation centre, an audio-visual unit, and a publications department which produces a bulletin as well as working papers and conference proceedings.

Address:

Federacion Panamaericana de Asociaciones de Facultades de Medicina, Carrera 7, No. 29-34, piso 6, Bogota, D.E., Colombia.

Personnel :

Chief of the Programmes in Teaching of Demography and Teaching of Population: Dr Jorge Villareal.

ALACODE: Latin American Association of Demographic Communicators.

Executive Director: Sr Javier Ayala,

Address: Carrera 8, No. 38/53, Of.1103., Bogota D.E.. Colombia.

ACEP: Asociación Colombiana para el Estudio Cientifico de la Población.

Mainly concerned with training in Family Life Education. Founded in 1969, by the end of 1972 18 courses had been attended by 632 persons, mostly "community level influentials" such as teachers, social workers and so forth.

President: Dr Ricardo Rueda Gonzalez,
Address: Calle 62, No. 7-16, Of.1201,
Bogota, D.E., Colombia.
Tel: 35 65 98.

Other Sources

- Annual Report for 1972 published by the Associacion Pro-Bienestar de la Familia Colombiana.

- Informe sobre 'El Tugurio de las Colinas' y su guarderia infantil: Asociación Pro-Bienestar de la Familia Colombiana, Bogotá, Colombia, March 1971.

- Activities Report, Panamerican Federation of Associations of Medical Schools, Population Division, June 1, 1969-June 30, 1971.

- Fourth Report on the World Health Situation, 1965-1968. Official Records of the WHO, No. 193, WHO June 1971.

- UNESCO Statistical Yearbook, 1971.

- "Economic and Social Development Plan" 1970-73, CH.4, "Population Policy", Colombian Office of National Planning, Dec. 1970.

- "Educación para la vida Familiar" ACPECP, Vol. 2. Bogota 1973.

- "Población". .P.R.B. Bogotá. Vol. IV, No. 2, 1973.

Situation Report

Distribution *

Country CYPRUS

Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			9,251 sq.kms.[1.]
Total Population	490,000	570,000	639,000 (1971)[2.]
Population Growth Rate			1.0% (1963-71)[1.]
Birth Rate		23.5[1.]	21.3 per 1,000 (1970)[1.]
Death Rate			6.8 per 1,000 (1970)[1.]
Infant Mortality Rate			25.7 per 1,000 (1970)[1.]
Women in Fertile Age Group (15-44 yrs)			172,800 (1970)[1.]
Population Under 15 yrs.			32.8% (1970)[1.]
Urban Population			39% (1970)[1.]
GNP Per Capita			US$950 (1970)[3.]
GNP Per Capita Growth Rate			5.3% (1960-70)[3.]
Population Per Doctor			1,236 (1970)[1.]
Population Per Hospital Bed			180 (1970)[1.]

1. Information supplied by Central Department of Statistics, Cyprus.
2. UN Demographic Yearbook 1971.
3. World Bank Atlas 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The Republic of Cyprus gained independence in 1959. Its capital is Nicosia with a population of 114,000 . Cyprus, the third largest island in the Mediterranean, has a varied topography and abundant rainfall in the spring and winter seasons. As a result, the island is very fertile, and a large variety of crops can be grown for export as well as for domestic consumption. Tourism has been growing in recent years and government is encouraging the expansion of hotel and other tourist facilities through the provision of long-term credits.

Ethnic Groups

About 80% of the population are Greeks and 18% Turks.

Language

Greek and Turkish

Religion

The Greek community adheres to the Greek Orthodox Church and most of the Turks are Muslim.

Economy

The agricultural sector of the economy is the most important earner of foreign exchange and employs more people than any of the other sectors. The main exports are spring potatoes, tobacco, vegetables and citrus fruit and during the last decade there has been an increase in the production and export of grape products.

Industry is the second largest sector as regards employment, but most of the enterprises are of very small scale producing mainly for the home market. A few enterprises have just started exporting their products either to countries of the Middle East or even to Europe. The most important industries are mining, small scale copper mining and asbestos, construction, wine products, food-processing and textiles.

The present development plan envisages a 7 per cent per annum increase of the national product and much effort is devoted to ameliorating conditions in rural areas while at the same time increasing agricultural exports.

Communications/Education

Radio:	272 receivers per 1 000 inhabitants (1971)
Television	91 receivers per 1,000 inhabitants (1971).
Cinema	Average number of visits per person, 9.5.

There are 8 daily newspapers with a total circulation of 133 per 1,000 inhabitants.

Both primary and secondary education are well developed. All children receive primary education and more than 80 per cent of them secondary education. There is no university in Cyprus but there are teacher training facilities as well as forestry and technical training colleges and institutes.

Medical/Social Welfare

The health services are well developed and much emphasis has been laid on MCH services with the result that infant and maternal mortality is quite low compared with the neighbouring countries. A comprehensive social insurance scheme covers every working person and their dependents.

FAMILY PLANNING SITUATION

There is no official policy on family planning in Cyprus but contraceptives are available on the local market. A family planning association was founded in December 1971 which will focus mainly on educational aspects of family planning, especially sex education.

His Beatitude, Archbishop Makarios received the IPPF Middle East and North Africa Regional Council in a private audience at the time of the 1973 Regional Council held in Nicosia.

FAMILY PLANNING ASSOCIATION

Over the last few years a growing number of doctors, nurses, midwives and social workers became aware of the need for formal family planning and sex-education activities in Cyprus. In May 1971 a group of interested persons arranged the first major public meeting on family planning to be held in Cyprus which was well attended and received favourable reaction in the press and on television. The success of this meeting and the subsequent response to it finally persuaded the sponsors that the time was ripe for the creation of a Family Planning Association of Cyprus. The founding meeting of the Family Planning Association of Cyprus took place in December 1971 and the following officers were elected:

President	Dr D M Taliadoros
Vice-President	Mrs M Th Middleton
Honorary Secretary	Mr Chr Vakis
Member of Executive Committee	Dr M Attalides
	Dr T M Papageorchiov

The address of the Association is

Family Planning Association of Cyprus
Boumboulina Street No 25
PO Box 3949
Nicosia, Cyprus Tel. 42093.

After establishing itself administratively the Association opened the first pilot family planning clinic in Nicosia in May 1972 and embarked on information and education work. Expansion to other parts of the island will take place later, and a branch in Limassol is planned for 1974.

The Association became a member of IPPF in 1973.

A number of the members of the Association have already been trained in family planning and sex education with IPPF sponsorship. The Association has good relations with the Ministry of Health and other social organisations. The association was able to generate substantial publicity in the press radio and TV on the occasion of family planning week 1973, and also in conjunction with the Regional Council of IPPF, MENA Region in May 1973. Several posters and leaflets have been produced by the Association, including the translation into Greek of some IPPF pamphlets.

AID

An IPPF grant of $25,000 was allocated in 1973 to help the Association's activities.

Sources:

Information received from the Department of Statistics

EUROPA : The Middle East and North Africa, 1972-73

Clarke and Fisher : Populations of the Middle East and North Africa

Situation Report

Distribution *

Country KUWAIT

Date AUGUST 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			16,000 sq. kms.[1]
Total Population	150,000	280,000	831,000 (1971)[1]
Growth Rate			**9.8 (1963-71)[1]
Birth Rate			43.3 (1965-70)[1]
Death Rate			7.4 (1965-70)[1]
Infant Mortality Rate			n.a.
Women in Fertile Age Group (15-44 yrs)			136,183 (1970)[2]
Population under 15			39.6 (1970)[2]
Urban Population (census definition)			22.1. (1965)[1]
GNP Per Capita			US$ 3,760 (1970)[3]
GNP Per Capita Growth Rate			- 3.5% (1960-70)[3]
POPULATION Per Physician			1,116 (1971)[4]
POPULATION Per Hospital Bed			207 (1971)[4]

** Due to heavy immigration. The natural rate of increase is about 3.5%.

1. UN Demographic Yearbook 1971.
2. 1970 Census Results
3. World Bank Atlas 1972.
4. UN Statistical Yearbook 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

1. GENERAL BACKGROUND

Kuwait is a Sheikhdom but there is a National Assembly to advise the Ruler. The greater part of the country is desert or semi-desert and can only support limited nomadic agriculture and a small fishing industry. 20 years ago Kuwait was a bare desert country with few amenities and a GNP per capita estimated at $US20. Today it can be counted as the richest country in the world as measured by per capita income. This is due to the vast quantities of high grade oil found in Kuwait itself and in Kuwaiti territorial waters. Well over half the GNP and nearly 100% of the government budget is derived directly from oil, and much of the remainder is indirectly derived from oil - construction, transport etc.

Though proven oil reserves are substantial, the Government is trying to lessen the almost total reliance on this one product, and to increase employment possibilities. Through the desalination of sea water, limited agriculture is being carried out but most food-stuffs are still imported. The fisheries are expanding and there is a good supply of shrimps from the Gulf which are frozen in a local processing plant and exported.

Language

Arabic is the official language but English and Persian are widely spoken.

Religion

Islam is the official religion.

Medical and Social Welfare

The incomes accruing from oil have enabled Kuwait to set up one of the most elaborate welfare states in the world. Education is free at all stages, as are health services and other social services. All types of social benefits are provided. Personnel for the staffing of this system at the present day is largely made up of expatriates, owing to the shortage of qualified Kuwaiti manpower.

Communications and Education

In 1971, there were 5 daily national newspapers, with a circulation of 48 per 1000 inhabitants. Average per capita cinema attendence was 5, and there are 132 radios and 144 television sets per 1000 population. Communications within the small geographic area covered by Kuwait are excellent, and there are good road and air connections to the neighbouring states.

School enrolment ratios are high for the primary level, where almost all children attend school, and secondary school enrolment ratios (60 per cent adjusted in 1967) are among the highest in the Region. There is a national university, catering also to students from the neighbouring countries. A Faculty of Medicine is due to open in some years time.

II. FAMILY PLANNING SITUATION

There is no formal policy towards family planning in Kuwait and the population growth through immigration is at an extremely high level. High immigration rates into Kuwait are mainly due to the excellent employment opportunities

and do not present Kuwait with any economic problem. Over the past decade much effort has been devoted to improving demographic statistics and these can now be considered as reliable.

There is no family planning association in Kuwait. Individual doctors give family planning advice and supplies are available commercially. Should the decision be taken to sponsor family planning work, there is a very adequate health service available to help implement this.

SOURCES.

EUROPA : The Middle East and North Africa (1972-73).
Clarke and Fischer : Population of the Middle East and North Africa.
UNFPA Conference Documents.

Situation Report

Distribution *

Country LEBANON Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			10,400 sq.kms.[1]
Total Population	1,620,000	2,110,000	2,873,000 (1971)[1]
Population Growth Rate			2.9% (1963-71)[1]
Birth Rate			40.0 per 1,000 (1964)[2]
Death Rate			10.5 per 1,000 (1964)
Infant Mortality Rate			n.a.
Women in Fertile Age Group (15-44 yrs)			n.a.
Population Under 15			44.8 (1970)[2]
Urban Population			about 40% (1970)[3]
GNP Per Capita			US$500 (1970)[4]
GNP Per Capita Growth Rate			0.5% (1960-70)[4]
Population Per Doctor			1,475 (1969)[5]
Population Per Hospital Bed			228 (1969)[5]

1. UN Demographic Yearbook 1971.
2. UNESOB estimates.
3. Local estimate.
4. World Bank Atlas 1972.
5. UN Statistical Yearbook 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

General Information

The Lebanon is a Republic which gained its independence from France in 1942. Since then the country has experienced a remarkable economic expansion based on its advantageous position as a gateway to the Middle East.

The country is very small, covering about 10,000 square kilometres and is densely populated with 268 inhabitants per square kilometre, most of which are concentrated on only a third of the territory comprising the narrow coastal strip, the western slopes of the mountains and the Beqaa valley.

Ethnic groups

Lebanon has long been a cross-roads for many different ethnic groups, and it is difficult to give an ethnic description of the population. Its strategic position has led to its invasion at various times by Egyptians, Babylonians, Assyrians, the Arabs and the Crusaders all of whom have left their influence on the population. In addition, the Lebanese mountains have always been a refuge for persecuted ethnic and religious minorities.

Language

Arabic is the official language and is spoken by nearly all. Today French and English are very widely spoken. Various minority groups such as Armenians and Kurds still retain their language.

Religion

The Lebanon is a country of extreme religious diversity, reflecting the fact that the Lebanese mountains were a traditional refuge for religious minorities. About half the population is Christian, the most important sect being the Maronite, followed by the Greek Orthodox and the Greek Catholic. The Muslim population represents both Sunni and Shiia sects in addition to the Druze. In all, 17 sects are officially recognised, each with their own personal status code.

Economy

In spite of the large degree of urbanisation the Lebanon is still a country where agriculture plays an important role, The country consists of two high, parallel mountain ranges separated by a very fertile plain, the Beqaa, In consequence there is a variation of climate which together with an ample water supply allows a wide range of crops to be grown. The emphasis is on the more valuable types of fruits and vegetables, both for domestic consumption and export, staple foods being imported.

The Urban economy is very much based on commerce, finance and services. Economic stability and liberal policies in respect of finance and trade have made the Lebanon into one of the most important commercial centres on the Mediterranian. Many foreign business firms, the United Nations and other international organisations maintain their regional headquarters in Beirut.

The pleasant climate, excellent communications and good hotel facilities have made the Lebanon an important tourist centre.

There has been a rapid industrial expansion, but from a very small base. The value of imports outweighs that of exports by 300 per cent, the balance being made up by invisible earnings from the service sector and the remittances of Lebanese living abroad.

Communication/Education

Internal and external communications in the Lebanon are excellent. There were 211 radio receivers and 144 TV sets per 1000 population in 1970 and no less than 52 newspapers published daily.

Primary education is now almost universal in Lebanon, and about a quarter of the population continue in secondary schools. Secondary and tertiary education is to a large extent based on private institutions, which also cater for students from abroad. There are 4 universities in Beirut, the French and American universities have medical schools.

Medical and social affairs

Although the public health services cover most of the country, there is heavy reliance on the private sector for the services of both physicians and hospital facilities. In the period 1970-72 the Lebanon introduced a comprehensive social security scheme for paid employees covering medical expanses, termination benefits and maternity benefits.

FAMILY PLANNING SITUATION

Family Planning advice and services can be obtained from the clinics of the Lebanon Family Planning Association, from a complex of clinics attached to the American University of Beirut and from private practitioners. Although the import of contraceptives is illegal oral contraceptives are available without prescription (as period regulators) as are condoms (as a prophylactic against venereal disease).

Government attitude

The official attitude towards family planning in the Lebanon is quite favourable in spite of existing adverse legislation. The Association has the support of the Ministries of Health, Labour, and Social Affair and Planning. A Presidential Decree (1971) has proclaimed the Association a public utility which provides official support and tax exemption.

The Minister of Health officially inaugurated the IPPF Conference, Induce Abortion - a Harzard to Public Health in 1971, and the Ministry of Foreign Affairs and the Government have ratified an official agreement governing the tax and customs exempt status of the IPPF Regional Office, Middle East and North Africa Region, which is located in Beirut.

The Lebanon Family Planning Association has been invited to use the Public Health Centres as Family Planning Clinics, and has been invited to sit on the National Population Committee preparing for World Population Year.

Legislation

At present the following paragraphs of the Lebanese Penal Code make all planned parenthood activities illegal and subject to punishment. The code is modelled on the French Penal Code.

"Anyone attempting....to prescribe or advocate contraceptive means or offering to make propaganda for pregnancy prevention shall be punished by prison from 6 to 12 months and find 100 Lebanese Pounds....The same punishment shall be applied to any person who sells or displays to sell or stocks any material prepared to prevent a pregnancy or offers to make their use easy by any means."

At present these laws are not enforced, and the Association is represented on a Committee convened to re-draft the articles relevant to family planning. The Association has been instrumental in preparing public opinion for a change in the Legislation.

FAMILY PLANNING ASSOCIATION

Private individuals have long been interested in the issue of family planning and in spite of legal restrictions many doctors have given family planning advice. However, this interest was not formalised or co-ordinated until August 1969 when the Lebanon Family Planning Association was formed following a visit to Lebanon by Dr A. Braestrup and Mrs. J. Rettie of the Europe and Near East Region of the IPPF. The visit had been occasioned by the holding of a Children's Week in Lebanon in February 1969, the theme of which had been Responsible Parenthood. Subsequently the Association was registered as a charitable association and the IPPF gave a grant to set up its headquarters and draw up a plan of action.

The main long term aim of the Association is to secure the integration of family planning services into the basic health network of the country, and this idea is gradually gaining acceptance. The major short term objective is to obtain a change in the present restrictive laws concerning family planning while at the same time educating the public at all levels. Sex education features prominently on the long term work programme of the Association. The Lebanon Family Planning Association has been invaluable in assisting in the Establishment of the Middle East and North Africa Regional Office of the IPPF.

The Association became a member of the IPPF in 1971.

Address

Lebanon Family Planning Association,
Cornich el Mazraa,
P.O.Box 8240
Beirut,
LEBANON Tel: 311 978

Board

Honorary President:	Mrs. Z. Salman	President, Lebanese Child Welfare Society
President:	Dr. E. Abouchdid	Associate Professor American University, Beirut
Secretary General:	Mr. T. Osseiran	Director of Social Welfare Service in South Lebanon

Services

The Lebanon Family Planning Association runs the following clinics where orals and IUD's are available:

Medical Centre of Beirut
Bourj Hammond, Beirut
Tariq al Jdideh, Beirut
Bourj al Barajneh, Beirut
Hadadine, Tripoli
al Mina, Tripoli
MCH Centre, Tripoli
Sidon Centre, Saida
Baalbek Centre, Baalbek

1,115 new acceptors and 2,609 continuing acceptors attended the clinics during 1972., however 5 clinics were opened during that year, several functioning for only one or two months ofthe year, and the 1973 figures should probably show a doubling of the number of clients. Four of these clinics are housed in Government Social Centres, placed at the disposal of the Association.

Information and Education

The Association has succeeded in one of its main aims by attracting substantial attention in the press, TV and radio, to its activities, the IPPF and Family Planning in general.

A series of one-day seminars, each aimed at specific target groups, have been arranged including special seminars for medical personnel, paramedical personnel, newspaper editors, youth leaders, personnel in the social services, labour leaders etc. As a result the Association is now able to count on the good-will of most sectors of Lebanese life.

A Family Planning Week is planned for November 1973 to further stimulate interest in family planning and sex-education.

The Association is actively working on plans for the introduction of sex education into school curricula.

Training

Association personnel, ,physicians, social workers and paramedical personnel have been trained under the Regional Training Scheme in Beirut, Alexandria, Tunis, London and Ljubljana with the support of IPPF. The Association trains its own personnel with short term courses and in-service training, and has indicated its willingness to train personnel from other bodies, including the Government Health Services.

The IPPF gives an annual grant to the American University of Beirut to enable their facilities and family planning clinics to be used for training and research.

Research and evaluation

With support from the UNFPA the Lebanon Family Planning Association has conducted a

nation-wide KAP survey, due to be published in 1974, which it will use to guide its activities in all spheres. Research on modern contraceptives, drop-outs abortion and various aspects of reproduction are in process at the American University in cooperation with the Association and IPPF.

AID

IPPF has given the Lebanon Family Planning Association a grant of $24,000 in 1971, $36,000 in 1972 and $48,000 in 1973.

Other Agencies

UNFPA - has given the Association a grant of $45,000 to cover the costs of the above mentioned survey, training courses, study tours and the purchase of contraceptives.

Ford Foundation - has sponsored study tours for association personnel to attend the Egyptian Family Planning Associations Family Planning Week in 1969 and 1971.

Various other agencies have from time to time supplied the association with assistance.

Sources:

EUROPA : The Middle East and North Africa, 1972-73

Clarke and Fischer : Populations of the Middle East and North Africa

Reports from the Lebanon Family Planning Association

UNESOB Conference documents

Lebanon FPA Annual Reports to IPPF 1971 1972.

Situation Report

Distribution *

Country: LIBYAN ARAB REPUBLIC Date: AUGUST 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,759,540 sq.kms.[1.]
Total Population	1,030,000	1,350,000	2,010,000 (1971)[1.]
Population Growth Rate			3.7% (1963-71)[1.]
Birth Rate			45.9 per 1,000 (1965-70)[1.]
Death Rate			15.8 per 1,000 (1965-70)[1.]
Infant Mortality Rate			n.a.
Women in Fertile Age Group (15-44yrs)			305,744 (1964)[1.]
Population Under 15			43.4% (1970)[2.]
Urban Population			24.6% (1967)[1.]
GNP Per Capita			US$1,770 (1970)[3.]
GNP Per Capita Growth Rate			20.4% (1960-70)[3.]
Population Per Doctor			2,654 (1970)[4.]
Population Per Hospital Bed			256 (1970)[4.]

1. UN Demographic Yearbook 1971.
2. UNESOB estimate.
3. World Bank Atlas.
4. UN Statistical Yearbook 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

IPPF SITUATION REPORT LIBYA AUGUST 1973

1. GENERAL BACKGROUND

Libya became a republic in 1969 after the abolition of the monarchy. The present Prime Minister and Chairman of the Revolutionary Command Coucil is Colonel Muammar al Gaddafi.

Libya is one of the largest countries in Africa, but it is estimated that only about 8% of the total area can be cultivated. As a result, about 95½ of the population live along the narrow and reasonably fertile coastal strip, and in the major oases. In the rest of the country, pastoral nomadism is the norm, although many inhabitants of the more fertile areas also follow this way of life.

The capital, Tripoli, had a population of approximately 250,000 in 1968 compared to 130,000 in 1954.

ETHNIC GROUPS

The population is of Arab or Berber origin.

LANGUAGE

Arabic is the official language.

RELIGION

Islam is the state religion and most Libyans are Moslems.

ECONOMY

Two decades ago Libya was by far the poorest and most under-developed country in North Africa, but this situation has changed rapidly since the discovery of oil in the mid-fifties. The income accruing from oil, cheaply produced and easily transported to markets in Europe, has facilitated the rapid expansion of public health services, education and agricultural development programmes. Crude petroleum is by far the largest export.

In the agricultural sector, sheep and goats are the most important source of livelihood, but barley and various fruits are also produced in significant quantities. The absence of rivers and unpredictable rainfall has not been conducive to a settled pattern of agriculture. The adoption of modern agricultural methods will need to be preceded by the development of underground water resources for irrigation. It is known that large underground reservoirs exist, and the oasis of Kufra, in particular, is in the process of being developed.

The industrial base of Libya is very small, but the increase in incomes and demand for support industries for the petroleum industry has led to an expansion of the transport and construction industries in particular. There are bottling and cigarette factories.

Communication/Education

School enrolment 1966-67: primary 215,841
In 1967-68 there were 2,494 students enrolled at 7 centres for higher education. A National University with faculties in both Benghazi and Tripoli was founded in 1958. The Government is attempting to eradicate illiteracy through adult education. The educational system has been almost entirely developed over the last 30 years.

Radios: 107 sets per 1000 people (1970)
Television: 10.7 sets per 1000 people (1970)

There are 6 daily newspapers, 4 in Tripoli and 2 in Benghazi.

Practically all the towns and villages of Libya, including the desert oases, are accessible by motor vehicle although the going may be rough. Oil is exported from 5 ocean terminals which are connecttd by pipelines to the oil fields.

II. FAMILY PLANNING SITUATION

There are no organized family planning services available, and the official policy is that the country is under-populated. However, interest in the health aspects of family planning is growing among medical and paramedical personnel, some of whom have been trained by IPPF.

Pharmacies are not allowed to sell contraceptives without medical prescriptions and doctors are instructed not to prescribe them except for medical reasons. Abortion is illegal, but punishment may be reduced if the pregnancy is illigitimate.

SOURCES

Europa Yearbook 1971
Africa 1971

Situation Report

Distribution *

Country GHANA

Date AUGUST 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			212,457[1].
Total Population	390,000	490,000	678,000 (1971)[1].
Population Growth Rate			3.0% (1963-71)[1].
Birth Rate			n.a.
Death Rate			n.a.
Infant Mortality Rate			n.a.
Women in Fertile Age Group (15-44 yrs)			n.a.
Population Under 15 yrs			about 45%[2].
Urban Population			n.a.
GNP Per Capita			US$350 (1970)[3].
GNP Per Capita Growth Rate			17.1% (1960-70)[3].
Population Per Doctor			25,217 (1966)[4].
Population Per Hospital Bed			2,802 (1966)[4].

1. UN Demographic Yearbook 1971.
2. UNESCO estimate.
3. World Bank Atlas 1972.
4. UN Statistical Yearbook 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

IPPF SITUATION REPORT OMAN AUGUST 1973

1. GENERAL BACKGROUND

The Sultanate of Oman, previously known as Muscat and Oman, is a sparsely populated country situated at the extreme south of the Arabian Peninsula. The country is extremely arid, and towards the interior and the frontier, it becomes a desert adjoining the "empty quarter" of Saudi Arabia. Parts of the plains are very fertile, but irregularities in rainfall and limited irrigation facilities pose great agricultural problems. The Sultans of Muscat used to control Zanzibar, and to derive revenues from the valuable spice trade leading to the development of the port of Matrah, still the largest town in the country. Muscat is the Capital, while the Sultan also spends much time in Salalah.

ETHNIC GROUPS

The population is basically Arab. However, many descendents of slaves from East Africa are citizens of Oman.

LANGUAGE

Arabic is the only widely spoken language.

RELIGION

The population is virtually all Muslim.

ECONOMY

When Zanzibar and other East African possessions were relinquished much of the transit trade disappeared, and Muscat and Oman reverted to an almost exclusively agricultural society. Vegetables and cereals are grown in the more fertile parts of the country, while dates are the most important crop of the more marginal lands. There is a substantial export of dates and traditionally, the export of camels has been of importance. Petroleum production started in 1967 and in recent years the first large scale development projects have been initiated. The immediate emphasis is on infrastructure (roads, new international port and airport) and social services (schools and health services). Industry is still virtually non-existant, but efforts are being made to create Omani firms especially in the petroleum support sector.

COMMUNICATIONS AND EDUCATION

Oman was for long rather isolated from the outside world, and external communications are still poor. Little or no statistical material is available. The school system is only now being developed along modern lines, and shortages of skilled manpower in all fields are likely to remain serious bottle-necks for a very long time.

HEALTH AND SOCIAL AFFAIRS

Plans are being drawn up for the extension of public health and MCH services, and at present, survey and planning are underway to determine the most immediate needs and the most satisfactory strategy for expansion.

II. FAMILY PLANNING SITUATION

There is no government population policy or any public stand on family planning. However, a survey carried out in co-operation with a number of international agencies, designed partly to assess health service needs and to promote a positive attitude towards rapid improvement of the health of the population, may lead at some stage to a policy formation. Contraceptives are available commercially and at certain private hospitals and dispensaries.

SOURCES

EUROPA, The Middle East and North Africa, 1972-73.
Clarke and Fischer: Populations of the Middle East and North Africa.
UNESOB Conference documents.

Situation Report

Distribution *

Country SYRIAN ARAB REPUBLIC Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			185,180 sq.kms.[1].
Total Population	3,500,000	4,560,000	6,451,000 (1971)[1].
Population Growth Rate			3.3% (1963-71)[1].
Birth Rate			47.5 per 1,000 (1965-70)[1].
Death Rate			15.3 per 1,000 (1965-70)[1].
Infant Mortality Rate			
Women in Fertile Age Group (15-44 yrs)			995,000 (1965)[2].
Population Under 15 yrs			45.7% (1970)[3].
Urban Population			43.5 (1970)[1].
GNP Per Capita			US$290 (1970)[4].
GNP Per Capita Growth Rate			2.9% (1960-70)[4].
Population Per Doctor			3,855 (1971)[5].
Population Per Hospital Bed			1,085 (1971)[5].

1. UN Demographic Yearbook 1971.
2. UN Statistical Yearbook 1970.
3. UNESOB estimate.
4. World Bank Atlas 1972.
5. UN Statistical Yearbook 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

1. GENERAL BACKGROUND

Syria is a Republic, the capital of which is Damascus. Homs Aleppo, Tartus, Latakia and Hama are the important cities. About 40% of Syrians are classified as urban, though this in part reflects the high population densities in some parts of the country.

The Syrian population is very unevenly distributed since large parts of the country are desert and subdesert capable of sustaining only small nomadic elements. The majority of the population is dispersed throughout the fertile area and most densely along the Mediterranean coast. The coastal strip is well watered and irrigation practises are on a high level.

Ethnic Groups and Language

The people of Syria are of mixed descent and Arabic is the official language. Small minority groups speak dialects of Turkish and Kurdish.

Religion

The greater majority of Syrians are Muslim. There are small enclaves of Christians, including a few isolated villages which descend directly from the first Christian congregations and where Aramaeic is still spoken.

Economy

The most important export is cotton where there has been an impressive increase in output. From a modest start in the early 1950's Syria is now producing an annual harvest which is approaching the size of that of Sudan.

Cereals fruit tobacco (including the famed Latakia) and cotton are grown for domestic and export use. In the interior the emphasis is more on cereals and animal husbandry for domestic consumption.

Industry is concentrated in the four largest cities and does not as yet contribute a very large proportion to the Gross National Product. Its contribution to employment is even less. On the other hand traditional crafts and trading account for a rather large share of employment.

Oil has been discovered recently and its production is rapidly increasing . In addition Syria has a steady income from transit fees for oil-pipelines.

Communications and education

There are 5 national newspapers in Syria, 224 radios and 19 TV sets per 1000 population in 1970. Communications within the country are good, with an extensive road network covering most populated areas.

School enrolment in Syria is relatively good. The five-year plan expiring in 1975

aims at effective enrolment at the primary level of 80 per cent with full coverage in 1985. There are universities in Damascus and Aleppo both of which include medical schools.

Medical/Social Welfare

In social affairs the emphasis is on improving health conditions. The present 5 year plan envisages the expansion and upgrading of the basic health services so that the full range of preventive and curative health services will be available to the whole population by 1975.

II FAMILY PLANNING SITUATION

Population growth is not officially seen as an important problem since there is still surplus land in Syria. Thus, the recent opening of the Euphrates Dam will lead to both an increase in and an improvement of the arable land. However, there is an increasing interest in demographic statistics and their use in long-term planning.

There is also an increasing appreciation of the health aspects of family planning from the individual, professional and even official level and this might lead towards the formation of a family planning association. In July 1971 a Seminar was arranged by the Syrian Gynaecological Association on the topic of Family Planning and Population Dynamics and in November 1972 a WHO sponsored Seminar on Family Health, covering family planning, took place in Damascus. In December 1972 a seminar jointly sponsored by ILO and the General Federation of Syrian Trades Unions discussed the question of population and trades unions.

Several doctors and paramedical staff have been trained under the IPPF Regional Training scheme and observers from Syria participated in the 1973 Regional Council Meeting of the IPPF MENA Region.

Sources

EUROPA The Middle East and North Africa 1972-73

Clarke and Fischer Populations of the Middle East and North Africa

UNESOB Conference Documents

Situation Report

Distribution *

Country URUGUAY

Date AUGUST 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			177,508 sq. kms.[1]
Total Population	2,407,000[1]	2,595,510 (1963)[1]	3,000,000[2]
Population Growth Rate			1.2% (1963-71)[1]
Birth Rate	18.8[1]	24-25[1]	21.7 per 1,000[1] (1970)
Death Rate			9.5 per 1,000 (1970)[1]
Infant Mortality Rate			49.0 per 1,000 (1970)[1]
Women in Fertile Age Group (15-49)		651,400 (1963) 1	712,000 (1970)[2]
Population under 15		23% (1963)[1]	28.2% (1970)[2]
Urban Population		71.9	78.4% (1970)[5]
GNP Per Capita			US$ 820 (1970)[2]
GNP Per Capita Growth Rate			- 0.4% (1960-70)[2]
Population per Doctor			880 (1966)[4]
Population per Hospital Bed			210 (1966)[4]

1. UN Demographic Yearbook 1971.
2. World Bank Atlas 1972.
3. CELADE Boletín Demográfico.
4. UN Monthly Bulletin of Statistics, Nov. 1971.
5. UN Statistical Yearbook.

---

* This report is not an official publication but has been prepared for informational and consultative purposes.

IPPF SITUATION REPORT URUGUAY AUGUST 1973

1. GENERAL BACKGROUND

The Republic of Uruguay has a low rate of population growth; population density is 16 per square kilometre (1973). Over half of the total population live in the capital, Montevideo: 1970 (Est.) 1,350,000 inhabitants.

ETHNIC

European - 90%: mestizo - 10%.

LANGUAGE

Spanish

RELIGION

The majority of the population are Roman Catholic.

ECONOMY

Agriculture and stockraising are the country's chief sources of income, and meat, grains, and animal and agricultural products form the bulk of exports. Industries, of which the chief are food-processing and textiles, are mainly concentrated in Montevideo. A high percentage of the total employed population works in administration and commerce.

The Uruguayan economic situation has been deteriorating since about 1955, with fluctuating and generally low prices for wool and wheat, on which the country depends. A highly developed social welfare system thus became incresingly difficult to finance, especially considering the high proportion of the employed population working in the administrative apparatus.

Inflation, reaching in recent years a rate of 100% per annum, has exacerbated these difficulties.

The resultant rapidly falled standards of living of the working and also the middle class lies at the root of the present political situation.

COMMUNICATIONS/EDUCATION

Internal and international communications are good, by road, rail, waterways, sea and air.

In 1966-67[5], there were 26 daily newspapers, 4 non-daily newspapers, and 35 other periodicals. There is good radio coverage of the country (1963-72 stations), and in 1968 there were 9 television stations. In 1967, there were 180 cinemas (45 seats per 1,000 inhabitants).

All education is free, and is compulsory from 8 to 14 years. In 1966[5], there were 365,597 primary pupils, in 2,260 schools and institutions; in 1961, there were 72,670 pupils in secondary education. There are two universities.

MEDICAL/SOCIAL WELFARE

Uruguay has a comprehensive social welfare state system, with a wide range of benefits and extensive protection for workers, including employment guarantees, a low pension age, and insurance against suspension from work. Medical facilities are good.

Illegal abortion is a serious health problem; various studies indicate that there may be as many as 3 - 4 abortions for every live birth.

II. FAMILY PLANNING SITUATION

The government has no official policy on family planning. There is a private family planning association which provides services through its central clinic in the government supported university hospital, and through 21 other clinics.

ATTITUDES

The Government does not directly sponsor any family planning programme but has officially recognised the private association's clinics and human reproduction laboratory; the Ministry of Health allows its hospitals and health centres to be used for family planning, together with part of its staff and equipment.

The political turmoil of the last three years has made the going difficult for the family planning movement. 1971 in particular saw the Association come under intense criticism from student bodies at the National University. The information and education activity of the Association has been for these reasons rather restricted. I and E acticity in 1972 was on a very small scale. The Association has tried to stress that it does not see itself as pursuing in any way an anti-natalist policy for Uruguay, particularly considering the low population and low growth rate.

The establishment in June 1973 of a military-backed dictatorship under President Bordaberry may well presage the end of socialist and nationalist criticism of the family planning movement.

There is no active opposition from the Roman Catholic Church.

LEGISLATION

Abortion for medical reasons is allowed. There is a very high rate of illegal abortions, the majority carried out for economic reasons.

FAMILY PLANNING ASSOCIATION

History

The Uruguayan Association for Family Planning and Research on Human Reproduction (AUPFIRH) was founded in 1962, and is a member of the IPPF. Its headquarters are in the Pereira Rossel Hospital in Montevideo, where,; as well as a family planning clinic, there is also a sexological research institute, the first of its kind in Latin America.

IPPF SITUATION REPORT URUGUAY AUGUST 1973

Address

Asociación Uruguaya de Planificación Familiar e Investigaciones
sobre Reproducción Humana,
Hospital Pereira Rossel,
Bvr. Artigas 1550,
Montevideo,
URUGUAY.

Personnel

Executive Director: Dr. J. Alberto Castro.
President: Sra. Jannine Calamet de Alvarez.
Vice-President: Sra. Teresa Cofone de Vasconcellos.
Treasurer: Sra. Nilda Deneri de Rodriguez.

Services

After the establishment of the Association's first clinic in Montevideo in 1963, its activities expanded rapidly, particularly in the period 1969-70 when the number of clinics rose from 10 to the present 22. Of these, 7 are in hospitals, 9 in general health centres, and the rest in a maternal/child health centre, a private physician's office and in the out-patient sections of obstetrical/gynaecological departments.

In 1972, 1685 new acceptors were served, half of these attending the central clinic in Montevideo. Over 90% of acceptors used IUD's. The number of new acceptors has fallen to about 65% of the 1970 figure. 2273 Pap smear tests were taken in 1972. 5 of the 22 clinics were closed temporarily in 1972 because of lack of personnel and illness.

INFORMATION/EDUCATION

Until 1970, the Association's Department of Information, Education and Training used all methods of communication to publicize, and gain support for, family planning. Group meetings, discussions and film shows were held for patients, professionals and civic groups. Literature was printed and distributed. Courses were held for school children, and a sex education course was broadcast over an official television station in Montevideo.

In 1970, the reorganised Department decided to suspend the use of the mass media, following the student campaign against family planning. However, literature distribution continued and information meetings were held. To counter the attack, the Association aimed its motivational programme at groups with a strong influence on public opinion, at teachers, labour leaders and graduates.

In 1971 and 1972, information and education activity was restricted. In 1972, a five-day workshop was held for 72 midwives, six Press advertisements appeared, one 17 minute TV interview was broadcast, and 2300 pamphlets and other publications were distributed, 90% of them in the interior of Uruguay. Film and slide showings were held in clinics and schools.

Sex Education

The Association has an extensive sex education programme which it has been developing since 1964; adequate sex education for young people is considered to be one of the ways of reducing the high illegal abortion rate. Activities have included the training of teachers, social workers, midwives, nurses and doctors, school courses and television programmes. In 1969, representatives from all over South America attended the first Latin American Course on Sex Education and Family Planning, organised by the Association.

TRAINING

Training activities are organised by the Department of Information, Education and Training, to improve the techniques and standards of family planning workers and to train additional personnel to staff new clinics. The Association periodically inspects its clinics and their operations through an extended in-training activity, known as visiting; a multidisciplinary team visits a clinic and during its stay works with the staff and advises on improvements.

In 1972, 72 midwives, 8 nurses, 4 doctors and 10 social workers attended short training courses.

RESEARCH

The Association sponsors research on human reproduction, on socio-economic conditions, and on the method and results of different contraceptives. The laboratory is well-known for its work on uterine physiology.

Other Family Planning Activities

A family planning clinic is run in the Hospital de Clinicas in Montevideo.